

<b>STATEMENT OF ORGANIZATION</b>		<b>OFFICE USE ONLY</b>									
<b>1. Name and Address of Committee</b>  HANS J. LILJEBERG P.O. Box 5 Metairie, LA 70004	<b>2. Date of this Statement</b>  <div style="text-align: center;">1/26/2015</div>	<b>Report Number:</b> 46674  <b>Date Filed:</b> 1/26/2015									
	<b>3. Estimated Membership</b>  <div style="text-align: center;">10</div>										
<b>Check If:</b> New Committee     _____	<b>4. Amended Statement?</b>  <div style="text-align: center;"> <input type="checkbox"/> Yes     <input checked="" type="checkbox"/> No </div>										
<b>5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)</b>											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 33%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>ROBERT LILJEBERG, SR</td> <td>Chairperson</td> <td>3601 Loyola Dr.  Kenner, LA 70065</td> </tr> <tr> <td>SAM LILJEBERG</td> <td>Treasurer</td> <td>3601 Loyola Dr.  Kenner, LA 70065</td> </tr> </tbody> </table>			<u>a. Name</u>	<u>b. Position</u>	<u>c. Address</u>	ROBERT LILJEBERG, SR	Chairperson	3601 Loyola Dr.  Kenner, LA 70065	SAM LILJEBERG	Treasurer	3601 Loyola Dr.  Kenner, LA 70065
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<b>6. Affiliated Organizations</b> <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small>											
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<b>7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)</b>											
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<b>8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:</b>											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Check one:</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Principal Campaign Committee</td> <td style="width: 30%;"><input type="checkbox"/> Subsidiary Committee</td> </tr> </table>			a. Check one:	<input checked="" type="checkbox"/> Principal Campaign Committee	<input type="checkbox"/> Subsidiary Committee						
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<b>b. Name of Candidate</b>	<b>c. Office Sought by the Candidate</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><b>9. a. Name of Person Preparing Report</b></td> <td>CYNTHIA AUSTIN</td> </tr> <tr> <td style="width: 33%;"><b>b. Daytime Telephone</b></td> <td>504-450-8722</td> </tr> </table>			<b>9. a. Name of Person Preparing Report</b>	CYNTHIA AUSTIN	<b>b. Daytime Telephone</b>	504-450-8722					
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<b>b. Daytime Telephone</b>	504-450-8722										
<b>10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.</b>											
This <u>26th</u> day of <u>January</u> , <u>2015</u> .											
<u>Hans J. Liljeberg</u> Signature of Committee/Chairperson		<u>504-450-8722</u> Daytime Telephone									
<u>Sam Liljeberg</u> Signature of Committee Treasurer, if any		_____ Daytime Telephone									

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.)

a. Name

WHITNEY NATIONAL BANK

b. Address

P.O. Box 61260  
New Orleans, LA 70160